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A CASE OF HERPES ZOSTER OPHTHALMICUS, IN A PATIENT 80 YEARS OF AGE, CAUSING FATAL PROSTRATION; WITH REMARKS.

By B. JOY JEFFRIES, A.M., M.D., Ophthalmic Surgeon
Mass. Char. Eye and Ear Infirmary, Boston, &c. &c.

A. B., an active and healthy old lady nearly 80 years of age, was attacked December 20, 1867, by a violent neuralgic pain in and about the left eye, running over the forehead and on to the side of the nose. Three days later her physician was called, who regarded it as hemicrania, and prescribed aconite over the frontal nerve. This application did not afford relief. There were occasional remissions, but no real intermissions of the pain as in true hemicrania. The temporal artery was so enlarged at this time as to form a tumor an inch in length under the skin upon the temple, and this in so marked a degree as to give rise to the idea of aneurism. The ocular conjunctiva was excessively inflamed, and an ophthalmic surgeon in consequence called in consultation, who found ulcer of the cornea but no iritis, and prescribed solution of atropine, precautionary. Subcutaneous injection of morphine was also used three times. Eruption on the skin was not noticed till the 25th, five days after commencement of pain, when "excoriations" were seen, covered by thick crusts upon the forehead, side of nose and upper lid, not beyond the median line, which were thought to be due to the application of aconite. Emollient applications were used over the parts affected, and the injection of morphine subcutaneously into the arm was the only other special treatment, with the exception of quinine. (The above brief account is given me by the attending physician.)

I first saw the patient January 3d, two weeks after the commencement of the disease, which I recognized at once as a typical case of *herpes zoster*, affecting the cutaneous and mucous distribution of the ophthalmic division of the fifth or trigeminal nerve—namely, the forehead, upper lid, eye

and side of nose.* There was swelling and hardening over the artery on the temple, and bunches under the skin; thick, deep-seated crusts scattered over the parts enumerated, where the skin looked unhealthy and had a peculiar pink tinge, exactly limited as the crusts, by the median line on the nose, forehead and scalp. One large crust occupied the edge of the orbit over the exit of frontal nerve. Crusts and scabs were expelled from inside of nose on that side, showing the mucous membrane to be implicated; also occasional slight nasal hæmorrhage. The lower lid and cheek were not affected, the disease being accurately limited to the distribution of the ophthalmic nerve. The upper lid was considerably swollen and the conjunctiva inflamed and secreting a muco-purulent discharge, the cornea hazy, and vision reduced to counting figures at two feet; it could not be more definitely determined; considerable photophobia. The iris did not, so far as could be seen through the cornea, seem implicated. The pupil was dilated. Tension of the eyeball not ascertained, from refusal of patient. The general tone and vigor of the patient was good, appetite considerable but capricious; the skin not dryer than would be found in such advanced age; the tongue moist and but slightly coated; the pulse large, full, and 100 to 120; urine high colored, but not very scanty; patient drank considerable; the bowels had acted naturally or by enema. But that which was, so to speak, the essential element of the disease, was the truly fearful pain in the parts affected, of a darting, lancing and stinging character, with occasional remissions. The skin was tender to pressure, and yet

* This case is quoted, p. 78, in Dr. H. F. Damon's little book on Neurosis of the Skin, thus:—

"Dr. Williams, of Boston, has observed a case of inflammation of the eye from zoster frontalis. The neuralgia was of an intense and persistent character. There was no eruption on the integument of the nose supplied by the nasal branch of the ophthalmic nerve."

As will be seen from my report, this statement is incorrect. Moreover, after reading the case at the Newport meeting, 1868, of the American Ophthalmological Society, the President, Dr. Williams, of Boston, stated that he had not recognized the case as one of herpes zoster ophthalmicus during the few times he saw it, the disease not having developed itself sufficiently.

[WHOLE No. 2152.]

not sensitive. During the next three weeks—making six in all—the disease ran its course, the pain ceasing January 24th. The patient kept her strength and some degree of appetite for the first four weeks, but gradually broke down under her suffering. The pulse kept up to at least 90, hard and full. By the time the pain ceased the patient was very much enfeebled and emaciated, and I then for the first time felt fearful she might not rally. She gradually faded away, and died on February 1st, the forty-fourth day from the commencement of the neuralgic pain, without any symptom of other trouble, and retaining her mind to the last. The eyelid had recovered its normal appearance, as also the side of the nose. The conjunctiva remained somewhat injected and the cornea hazy, *probably* also loss of sensation in it. The lid could be voluntarily raised, and secretion had stopped. The crusts on the forehead and scalp, where the pain was the last to leave, remained, and the ulceration was deep and considerable. These crusts were still present post mortem. No examination was made.

As to treatment, I was not able, while in attendance on the case, to follow out anything thoroughly. The patient was extremely self-willed and averse to doing anything that could not be promised as a miracle to relieve her suffering, which was so acute as to well excuse her fear of medicine, since she imagined every thing done but increased the pain. Opium dulled the pain but little, and acted badly on the digestive system and brain. Quinine was taken, six grs. a day for a few days, and I think with some benefit, enough at least for me to use it again another time. The patient would take but little stimulant, which, however, did good, especially toward the end of the disease. The last ten days she refused almost all nourishment. Excitement and mental irritation rendered the paroxysms worse. From the absence of general febrile symptoms I thought possibly digitalis might control the excessive action of the heart, and thereby mitigate the pain by less force in the arteries. Ten drops of the tincture once was all the patient would take. I was not sure, but thought this amount had some quieting effect, and should be led to employ an arterial sedative a second time. After pretty free action of cathartic medicine once or twice the pulse became fuller and slower (75 to 80), but went up again within twenty-four hours. When the disease had run its course then the pulse was feeble, small and not very quick, with great prostration. The thought of section of the fron-

tal nerve the patient would not have entertained for a moment, and it was not proposed, as it would not have relieved the pain in the eye and side of the nose. It might have been in place after the pain had retreated to the forehead and scalp.

In looking over the authorities I find that several—Cazenave, Erasmus Wilson, Hardy, Fuchs, Bärensprung, Neligan and Tilbury Fox—speak specially of ulceration and gangrene possibly occurring, particularly in old people, from herpes zoster. Fuchs alone says:—"It may be fatal. This result has been but seldom observed. Fr. Hoffman had two fatal cases from gangrene. It may also occur from metastasis, or ulceration or hectic fever."

I do not find it anywhere suggested that death might occur by exhaustion from the pain in the aged. That this was the cause in the case I have related there is in my mind no doubt, and I have the concurrent testimony of Drs. S. Morrill and Charles G. Putnam that no other symptom of disease could be found before death, after the pain had ceased and the disease run its course.

Cases of herpes zoster, or shingles, on the trunk are so often seen and so well understood that I need not stop here to give any description of the disease in general. But as I find that it is not understood, or perhaps believed, that this is a complaint which may occur from the crown of the head to the feet, over the course of distribution of the cutaneous nerves, I will here quote from Prof. Hebra, with whom the recent French and English authorities agree. He says:—"Under herpes zoster I include all those skin affections which present the character of herpes, and in which the part of the surface occupied by the groups of vesicles corresponds to the distribution of certain cutaneous nerves, and which, lastly (whether occurring on the head, trunk or limbs), are confined to one-half the body. It is only in rare and exceptional instances that *herpes zoster* attacks both sides simultaneously." "The localization of this disease was formerly much more strictly limited, the only cases which received the name of *herpes zoster* being those in which the eruption is seated on the trunk of the body (and chiefly on the chest), and is confined to one half of it. Further observation, however, has shown that, besides the chest, any part of the trunk or limbs, and even the neck, face or head, may present a similar efflorescence, affecting one side only; and that the changes through which the vesicles pass, and the whole course of the affection, are in these cases exactly the

same as in the disease which occupies the trunk, and has always been regarded as the typical form of zoster."

In support of these views I give a table which I have compiled from the annual reports of the Vienna General Hospital for the years 1857 to 1866, inclusive, showing the number of cases and the regions of the body affected with herpes zoster.

CASES OF HERPES ZOSTER ON DIFFERENT REGIONS OF THE BODY, OCCURRING IN THE SKIN DEPARTMENT OF THE VIENNA GENERAL HOSPITAL, 1857 TO 1866; TEN YEARS.

HERPES ZOSTER.	1857	1858	1859	1860	1861	1862	1863	1864	1865	1866	Total.
Capitis			1			2	2	2	2		10
Facialis				1							3
Collaris									1		3
Truncalis	2										2
Brachialis	2										2
Pectoralis	2	2			1	2	1	1	1		14
Abdominalis	2	2				6	8	6	4		48
Progenitalis	1						2				3
Perineum				1	2		1	2	5	1	13
Femorialis	2										2
Total in the year.	13	9	3	10	4	12	16	14	14	7	102

Trousseau (*Clinique Médicale*) says:—"One of the most characteristic phenomena of herpes, at least with old people, I have found to be the persistence of the pain after the disappearance of the eruption. This pain, in the same degree of severity and causing intolerable suffering to the patient, often persists not only for several months, whilst the cicatrices left after the formation of the bullæ are still apparent on the skin, but may even last a number of years."

"I have known an old lady who, at 70, had shingles, and who for fourteen years afterward still suffered the most terrible pain, especially at night. Now I have under treatment a lady of sixty, who for five years has been terribly tormented by the

pains of herpes. I have noticed several times a singular phenomenon:—the simple contact of the clothing often provokes the most unspeakable torture, and yet the skin has superficially a kind of insensibility, which often lasts long after the pains have ceased."

"If the prognosis of zona is not grave in that the patient's life is not hazarded, it is grave in that, with old people at least, its sequela may be intolerable suffering, to the despair of the patient and physician."

This is also the experience of many other observers. The subjects of this clinical lecture were two or three patients with herpes zoster then in the Hôtel Dieu, under Prof. Trousseau's care.

With regard to distribution, Prof. Hirsch says that herpes is wide spread over the earth's surface, among all races of men. He quotes Pruner as having seen it very frequently among the negroes in Egypt; on the other hand, Pollock noticed very few herpetic forms in Persia, and Thompson never saw or heard of a case of herpes zoster among the natives of New Zealand. In regard to its relative frequency upon the two sides of the body writers differ, but in putting together a large number of cases we find that it occurs about as often on one side as the other.

Prof. Christian A. Voigt has most minutely dissected and studied the ramifications and distribution in the skin of the separate cerebro-spinal nerves, and published his researches in the *Memoirs of the Imperial Academy of Vienna*, 1864. Prof. Hebra says:—"On the head, neck and limbs, the tracts of nervous supply pointed out by Voigt agree perfectly with the results of observation in cases of zoster. On the trunk, however, the correspondence seems at first sight to fail. For the dorsal and lumbar nerves are distributed to the skin by three separate sets of branches (posterior, lateral and anterior), which form as many 'tracts of nervous supply' running vertically on either side of the body. In reality, however, each of the dorsal and lumbar nerves takes a separate course forward from the spine to the front of the trunk, and the position of the vesicles of zoster accords perfectly with the distribution of these nerves."

Voigt, from his dissections, followed since 1851, deduces—

1st. Every sensitive nerve-bundle supplies with its peripheral termination a definite larger or smaller district of the skin of the human body, and these districts belong to a definite and constant number of

bundles. The mosaic of position and arrangement of these larger or smaller portions of skin and the peripheric terminal distribution of the sensitive nerves in them is, therefore, not arbitrary or accidental, but positively determined.

2d. This definite mosaic in the arrangement, position and ramification of the peripheric termination of the nerves very probably corresponds to a definite arrangement and position of the origin of the nerves in the nervous centres, brain and spinal cord.

3d. Anomalies occur only in the direction and course of the nerve from the centre to the periphery. Just as in the telegraph it makes no difference whether the connection between two stations is longer or shorter or doubled on itself, so the cutaneous nerves, when running irregularly, even doubling on themselves, yet reach a determined portion of the skin, and there first ramify.

4th. The number of nerve fibres held in any bundle receiving a special name is not always the same, for the fibres, in their course from centre to periphery, change company, join often neighboring nerve branches to again leave them, till, finally, they ramify on their determined portion of the skin.

Amongst various anomalies which Prof. Voigt has found, and from which the above deductions are made, are, in reference to the nerves implicated in our case, the following:—

The *lachrymalis* may be thicker than ordinary, twigs of the *supraorbitalis* running with it in its sheath. As a rule, the lachrymal supplies, in its final distribution, only a small part of the upper eyelid above the outer angle, and about six lines outward. I have found bases where a twig of the *lachrymalis* supplied one-half of the skin of the upper lid. Here commenced the twigs of the *supraorbitalis*, which generally emerges from the orbital foramen, but in this case ran down to the upper lid and joined the bundles of the *lachrymalis*; instead, therefore, of running along the upper wall, ran by the external upper angle of the orbit.

"The *infratrochlearis* becomes thicker by uniting with it twigs of the *ethmoidalis* which reaches the skin of the end of the nose between the bone and the *cartilago-triangularis*. The terminal twig of the *ethmoidalis* here runs, instead of *inside*, above the ethmoidal cells and along the anterior wall of the nasal cavity, *outside*, joining with the *infratrochlearis* to the skin of the ridge of the nose, and so to the end where it ramifies."

For the general distribution of the ophthalmic nerve I would refer to the special anatomies. Mr. Hutchinson has given it very perfectly and succinctly in his paper in the *Ophthalmic Hospital Reports*. I quote the above from Prof. Voigt, as the anomalies he found in dissection may possibly explain cases which might occur of herpes zoster ophthalmicus not apparently following strictly the usual distribution of the trigeminal.

The part concerned in our case is what Voigt calls the "anterior district of ramification of the head and face," beginning on the squama of the occipital bone, and running over to the chin. In this ramify the anterior subdivisions of the first, second and third branches of the trigeminus. Draw now a horizontal line, about six lines long, from the external angle of the eye to the "lateral border line," and a line from the internal angle directly to the end of the nose near the anterior part of the nasal opening, and these two lines, with the commissure of the eye, will separate the district of ramification of the first from the second trigeminal branch. In this district terminate the *supraorbitalis*, *frontalis*, *supraet infratrochlearis*, *lachrymalis*, and the end of the *ethmoidalis*, on the point of the nose.

"The ramifications of the *supraorbital* do not, as generally given, end on the crown, but run on further and reach the squama of the occipital bone."

This last fact explains the portraits of the disease given by Drs. Boeck and Danielsén, and Prof. Hebra.

(To be continued.)

ON THE USE OF THE CHLORIDE OF GOLD IN MICROSCOPY.

By THOMAS DWIGHT, Jr., M.D.

PERHAPS no re-agent has of late years played so important a part in microscopy as the chloride of gold. By means of it Conheim first demonstrated the terminations of the nerves in the cornea; and since it has been very generally used, particularly in investigations of the nerves. Its application is very difficult, and it is only after a long series of experiments and failures that proficiency is obtained.

Having had considerable experience with this re-agent in the laboratory of Professor Stricker, in Vienna, and having obtained some very satisfactory results, I hope that a few words on its application may not be out of place. The chloride should be dissolved in distilled water, and the solution

should never be stronger than the half of one per cent. The object to be examined should be as fresh as possible, and should remain in the fluid from three minutes to perhaps an hour, according to its affinity for the re-agent, during which time it assumes a pale straw color. If the piece be small enough to be readily acted upon, ten or fifteen minutes is almost always sufficient. It is then laid in distilled water, to which just enough acetic acid has been added to give it the faintest possible reaction. In two or three days it will have become purple, verging sometimes on blue, sometimes on red; the latter is the least favorable. The preparation is now enclosed in glycerine, and improves for several days as the color becomes deeper and as the finest fibres are the last to be affected. If the experiment has succeeded, for it sometimes unaccountably fails, the picture presented is one of the most beautiful and instructive that can be imagined. The nerves, muscular fibres and fibrous tissue appear black on the purple background. Epithelial cells are also colored, but not so well as by nitrate of silver.

Although the color makes fibres visible which are so fine that they can be seen by no other method, it does not determine their character. To prove beyond all doubt that a minute fibre is a nerve, we must be able to follow it to a larger branch. On a very successful preparation of the cornea of a frog, I observed nerve fibres of such minuteness that with a magnifying power of nearly two thousand diameters it was impossible to follow them to their terminations. I particularly endeavored to verify the connection, asserted by Kühne but not generally accepted, between the nerves and the corneal corpuscles. With every advantage, such a connection is very difficult to prove. I often thought I had found one; but, when examined by a higher power, and placed in different lights, it proved to be only apparent, except in a single instance, and then it was not certain that the fibre in question was a nerve. I mention these facts as proofs of the value of the method, for it is no paradox to say that the better the preparation the more difficult it is to obtain results. As the magnifying power is increased, elements come into view, which, by inferior methods, are never seen; and spaces are discovered between bodies supposed to be in connection. The use of the chloride of gold, however, is not yet thoroughly understood, and offers a large field for original investigation.

[The preceding article was written at the

suggestion of Prof. Stricker, of Vienna, by whom it has been examined and fully approved.—Ed.]

TYPHOID FEVER. PERFORATION OF THE SMALL INTESTINES AND CONSEQUENT PERITONITIS. DEATH.

Read before the Boston Society for Medical Observation, January 18th, 1869, by A. L. HASKINS, M.D.

P. C., aged 36 years, laborer, born in Ireland, and residing at 88 Cove St., came under my care Sept. 6th, 1868. Patient states that he has always enjoyed good health, but for the past seven days has not felt so well as usual. Has suffered from constant headache, occasional sharp pains in back and limbs, inability to sleep and anorexia. Has been much disturbed by tinnitus aurium, and his hearing has been remarkably impaired; has also had several attacks of vertigo, and has complained of a sense of weakness, at times so much that he could hardly stand. Six days after the commencement of his illness he had slight epistaxis, and two or three quite severe chills, followed by fever. He was now for the first time forced to take his bed.

On the seventh day of his illness I saw the patient for the first time, and the following is the report of his condition then. He was in bed, bathed in perspiration, skin quite hot, countenance flushed, intelligence good. Has headache, and pain in nearly every part of body. Has some cough, with slight expectoration. Is troubled with a ringing sensation in ears, and is quite deaf. Feels very weak, has no appetite, and cannot sleep. Has much thirst. Bowels regular. Pulse 100, regular, not strong. Tongue red at tip; the remainder covered with a thin, white coat, through which the papillæ appear quite prominently. Respirations 22. The chest and upper part of the abdomen are studded with numerous rose spots. An examination of the chest discovered frequent sibilant and sonorous râles throughout both lungs. The sounds of the heart were normal. The liver of usual size, but the spleen was found considerably enlarged.

The patient, who was in a small, ill-ventilated room, was placed in the largest room at command. He was put upon a diet of milk and beef-tea. To insure sleep, a Dover's powder was ordered at bedtime.

Eighth day.—Had a comfortable night. Perspires freely. Skin quite hot. Tongue has some coat. Has but little desire for food. Cough and expectoration increased. Upon

examination of the lungs, numerous mucous and sonorous râles were heard, especially at the bases of these organs. The urine was found loaded with urates. There was also a trace of albumen discovered. Half a drachm each of the syrup of squills and nitric ether was ordered to be given every four hours, and the Dover's powder to be repeated at bedtime.

Ninth day.—Did not sleep well last night. Was in much fever. Skin is now quite hot, and patient perspires freely. Coughs much. Feels very restless and weak. Has no pain anywhere. One dejection this morning. Passes urine freely. Pulse 110. Tongue coated and dry. Respirations 26. Pulmonary symptoms as yesterday. Spleen more enlarged. Chest and abdomen still studded with rose spots. Slight tympanites of abdomen, but no tenderness. Patient is to have one grain of quinine four times daily, and is to take two ten-grain Dover's powders at night, if necessary.

Tenth day.—Went to sleep last night after the second powder. Cough somewhat diminished. One natural dejection yesterday. In considerable fever last night.

Eleventh day.—Rested well. Cough still considerable. Has some headache and slight nausea.

Fourteenth day.—Symptoms have continued much the same for the past three days. Is unable to sleep at night without the Dover's powder. Has an exacerbation of fever every night. Cough now very slight. Has some headache and considerable thirst. Bowels regular, and dejections natural. A few rose spots still visible. No delirium. No abdominal pain or tenderness. Perspires freely. Pulse 112, regular and stronger. Tongue has lost much of its coating, but is quite dry. Respirations 20. May omit the squills. To take one half a drachm each of nitric ether and the solution of acetate of ammonia every four hours.

Seventeenth day.—Is much improved. No cough. Sleeps well. Appetite better. Pulse 100, regular and quite strong. Tongue moist, and but slightly coated. Rose spots have entirely disappeared. Bowels regular. Spleen still very large. Omit the Dover's powder.

Twentieth day.—With the exception of weakness, feels quite well. Pulse 100. Tongue clean. Skin moist. Urine normal. Omit the fever mixture.

Twenty-third day.—Is gaining strength. Functions all quite normal. Febrile symptoms have nearly disappeared. May have a small piece of beef-steak.

Twenty-seventh day.—Some fever last night. Spleen still much enlarged.

Thirtieth day.—Sat up for the first time to-day. Omit quinine.

Thirty-fourth day.—Is up and dressed.

Fortieth day.—Says that he feels as well as ever. Pulse 80. Tongue clean. Bowels natural. Appetite good.

Forty-sixth day.—Has been out to-day.

Fifty-third day.—Was seized last night with pain in the right hip. The pain seemed to originate at a point midway between the trochanter major of the femur and the tuberosity of the ischium, and extended downwards to the popliteal space. The pain was of a darting character, and was increased when pressure was exerted upon the course of the sciatic nerve. Patient has considerable fever. Pulse 100. Tongue normal. Hot fomentations were applied along the seat of pain, and one grain of opium was ordered to be given three or four times daily, according to the pain. Patient has been about during the past week, but not at work, although he felt quite able. Asserts that he has been cautious in the use of food, and has committed no excesses of any kind.

Fifty-fourth day.—Pain much relieved. Some fever. No appetite. Pulse 100. Tongue with slight coat. No abdominal pain. One normal dejection to-day.

Fifty-sixth day.—Feeling quite well, but has occasional pain in the right hip. Pulse still 100. Skin quite hot. Spleen to be felt below the ribs on full inspiration.

Sixtieth day.—Feels nicely, and wishes to sit up. Pulse 98.

Sixty-second day.—Does not feel so well to-day. Pulse 98.

Sixty-sixth day.—During the four previous days I had not seen the patient, but on visiting him I learned the following history. During the whole of the day of my last visit to the patient, and also during the following day, he continued to feel unwell. Was dull and feverish. During both days he kept his bed. On the morning of the sixty-fourth day, he ate for breakfast a small piece of milk-toast. For dinner, he sucked the juice from a small piece of beef-steak, and for supper he took only a cup of tea. After drinking his tea, feeling rather tired and sleepy, he directed his friends to retire from the room, as he desired to go to sleep. He then turned upon his right side, when he felt something give way in the abdomen, and at the same time experienced a violent pain in the right iliac region. The pain soon extended over the whole abdomen. The patient had rigors, followed by fever. After three hours of intense pain,

the patient got relief after taking two powders which were ordered by a physician who had been called in.

The next day he had, at times, severe pain in the abdomen, of the same character as on the previous night; had also several attacks of vomiting. Bowels were very tender to the touch.

On the following day, the sixty-sixth from the commencement of the fever, and the second day after the appearance of these urgent symptoms, I saw the patient again. He was in bed, lying on his back, with the lower extremities drawn up. His countenance was expressive of great pain and prostration. The abdomen was somewhat tympanitic and tender to the touch. No dulness of the abdomen was detected on percussion. Skin warm and moist. Tongue dry and red. Pulse 90, regular, but weak. Respirations 24. Patient had already vomited several times during the morning, and had been much troubled with flatulence. Upon the recommendation of a so-called doctress, he had taken some castor oil and an enema. Several copious dejections followed their administration. The patient was directed to remain absolutely quiet, and in the supine position. Opium was given in one-grain doses every four hours. Beef-tea was ordered to be taken in small quantities.

Sixty-seventh day.—Slept quite well last night. Is now fully under the influence of opium. Abdomen more tympanitic. Some dyspnoea. Pulse 96. Tongue dry. Respirations 96. Warm turpentine stupes were directed to be placed over the abdomen.

Sixty-eighth day.—A comfortable night. One natural dejection this morning. Abdomen still more tympanitic. Pulse 100. Respirations 26.

Sixty-ninth day.—A restless night. Much oppressed for breath. Abdomen excessively distended. Pulse 110, feeble. Respirations 32. Brandy, in small doses, was ordered. In the evening, when I saw the patient a second time, he was in great distress. The abdomen enormously distended. Tympanitic resonance extends nearly to the mammae. Hepatic dulness cannot be distinguished. Abdomen very tender to the touch. Has vomited several times during the day. Countenance is now collapsed. Intelligence good. Skin cool and moist. Pulse 136, very feeble. Brandy, in two-drachm doses, was ordered every half hour. The patient seemed to rally a little after the administration of the brandy, but towards morning he began rapidly to sink, and died.

All efforts to procure an autopsy proved unavailing.

In the above case we have nearly all the symptoms of typhoid fever. We have the prodroma of headache, dizziness, tinnitus aurium, malaise and anorexia; then we have the chill, the epistaxis, the rose spots, the bronchitis, the enlarged spleen, and the evening exacerbation of fever. The diarrhoea, the tenderness in the right iliac region and the delirium are only wanting to complete the category of symptoms of a typical case of typhoid fever. The patient made a good recovery, and one week after his apparently complete restoration to health, he was seized with the ordinary symptoms of sciatica. The sciatic pain soon subsided, leaving only the considerable fever and the enlarged spleen to lead to the suspicion that the typhoid poison still lingered in the system.

On the sixty-fourth day from the commencement of the sickness, and on the eleventh day after the second attack, and in the absence of diarrhoea or abdominal pain or tenderness or any other symptom pointing to a severe intestinal lesion, the patient was suddenly seized with a violent pain in the right iliac region, and there followed all the sad train of symptoms of a peritonitis occasioned by a perforation of the intestines.

Perforation of the intestines and consequent peritonitis is one of the most dreaded and fatal complications of typhoid fever. Perforation is quite as apt to occur in the mildest type of the disease as it is when the symptoms assume a far more violent character. The perforation occurs in those parts of the ileum occupied by Peyer's patches, and takes place either during the stage of sloughing or ulceration of these glands. The inflammation extends either directly to the peritoneum by means of the softening of the mucous and muscular coats of the intestines, or it approaches the peritoneum more slowly by means of the ulcerative process. The inflammation having reached the serous coat of the intestines, a local peritonitis is set up, lymph is thrown out, and in many instances the part in which the local peritonitis has arisen becomes adherent to some other portion of the peritoneal coat, and thus a perforation is prevented. In still other instances such an adhesion does not take place, the peritoneal coat is perforated and the contents of the intestines are thrown into the abdominal cavity and general peritonitis is induced. In this tendency of the peritoneal coat to throw out lymph and become adherent to the part immedi-

ately contiguous, we see a wise and conservative provision of nature, without which perforation in typhoid fever would manifestly far more frequently occur.

As regards the frequency of cases of perforation of the intestine in typhoid fever, we have the statistics of Heschl, who found in 1271 cases of death from this fever that perforation occurred 56 times, or in about 1 in 23 of the fatal cases. Murchison reports that of 270 fatal cases occurring in France, 25, or about 1 in 11 of the deaths, were due to perforation. Of 165 cases of death from typhoid fever occurring in England there were 35 perforations, or 1 in 5 of all the deaths were due to perforation. Of 703 cases of autopsies of typhoid patients in Germany, 70 perforations were found, or 10 per cent. The frequency of cases of perforation, at times, is worthy of note. At Tübingen Griesinger observed 4 cases of perforation in six years, 3 of which occurred in one year. At Zurich he observed 6 cases in one year with a small number of typhoid patients, while at another time during the space of thirteen months there occurred no cases of perforation, though the number of typhoid patients was very great. The same fact has been verified at Vienna. In 1843 the cases of perforation were in proportion of 1 to 10, in 1848 1 to 99, in 1858 1 to 25, in 1864 1 to 14. Perforation occurs twice as frequently in men as in women, and in children the percentage of cases of perforation is 1 in 100 of the cases of death.

It is not to be inferred that every case of peritonitis in typhoid fever is due to perforation of the intestines. Peritonitis may arise in the first stage of the fever from an excessive infiltration of Peyer's patches. It may arise from great enlargement, softening or suppuration of the mesenteric glands. It may be occasioned by the opening of an abscess in the spleen or wall of the bladder into the abdominal cavity. It may arise from a dysenteric or gangrenous process in the intestines, or finally it may occur spontaneously in the course of the fever, without any apparently exciting cause.

Symptoms of Perforation.—The symptoms by which perforation of the intestines and subsequent peritonitis become known in typhoid fever are usually quite characteristic, and very rapidly developed. Without any prodromic symptoms the patient experiences a sensation as if something had given way in the right iliac region. He is seized with a violent pain in this locality, which soon extends over the whole abdomen. Chills, fever and vomiting follow. The ab-

domen becomes tender to the touch, and at times excessively tympanitic. The patient does not throw himself about as in an attack of colic, but lies quietly in bed with lower extremities drawn up. All motion is avoided. Every effort, as in coughing, causes an expression of pain to come over the countenance. The patient speaks softly and avoids a deep inspiration on account of the pain which the movement of the intestines occasions him. The pulse becomes small and rapid. The countenance becomes collapsed, the extremities cool, and soon death brings relief to the sufferer. In other cases the symptoms are more slowly developed. In typhoid patients in a state of partial or complete unconsciousness, a sudden general collapse may be the first indication of the lesion which has occurred. In such cases excessive meteorism and the distortion of the countenance produced by pressure upon the abdomen, and especially in the ileo-caecal region, are symptoms of great value in the diagnosis of the disease.

Prognosis.—The prognosis in cases of perforation of the intestines, is always extremely unfavorable, and in all cases of subsequent general peritonitis the prognosis is almost invariably fatal.

Treatment.—The most rational treatment would seem to be prophylactic. Whether the symptoms in typhoid are of a severe or a mild type, whether the disease is in its earlier stages, or convalescence has been established, this complication is the one most to be feared, and should be guarded against by every possible means. Especial attention should be devoted to the diet of the patient, and nothing should be taken into the stomach which will irritate this organ or any other portion of the intestinal canal. Whenever in the course of the disease the stomach becomes irritated or the discharges from the bowels become too frequent, these symptoms should be, if possible, promptly relieved. In cases, also, where the fever is complicated with bronchitis, the cough should be moderated, as undue exertion from coughing, vomiting, or straining at stool, or violent action of the intestines, may occasion a perforation of the peritoneum beneath an ulcerated Peyer's patch. On the same principle the patient should be cautioned against any undue exertion, and should not engage in his usual avocations till his former health has been fully restored. The only treatment which offers any chance of success after perforation has occurred, is absolute rest for the body, the withholding of all solid food and of any considerable quantity of fluid from

the stomach, the avoidance of all cathartics and clysters, and of everything which may provoke the peristaltic movement of the bowels, and finally the free administration of opium. This drug is our sheet-anchor in this fearful complication. Opium should be given in very large doses, and sufficiently often to perform the double office of keeping the intestines in a state of repose and of alleviating the excessive pain which the patient suffers.

SEROUS CYST OF THE RECTUM.

By S. W. TORREY, Beverly, Mass.

ABOUT the first of January, 1869, I was called to examine an infant son of Mrs. C., of Beverly, for what was described as "a falling of the bowel," which had been observed from the time of birth, two months before. On first looking at the anus there was nothing abnormal to be seen, but as I held the nates widely apart the child was seized with a sudden spasmodic bearing down, and after a few screams there appeared at the anus a globular, fluctuating tumor, blocking up the whole passage, so that the feces, which were expelled at the same time, passed out in thin sheets between the tumor and the anterior wall of the rectum. A digital examination proved that the tumor was attached to the posterior wall of the gut—its lower extremity, except when the mass was forced down by the child, being an inch and a half above the verge of the anus, and its whole attachment nearly three and a half inches in circumference. On puncturing it with an exploring needle about an ounce of thin, serous fluid escaped, and a diagnosis of a serous cyst lying between the mucous and muscular coats of the rectum, was arrived at. The sac filled again rapidly, and in two weeks there was a renewal of the previous symptoms—viz., descent of the tumor during defecation, accompanied with agonizing pain—and added to this, increasing dilatation of the sphincter ani, which gradually lost its contractile power, from the continued pressure of the tumor upon it. There was also now a prolapse of the anterior wall of the rectum, and a considerable amount of inflammation of the mucous membrane, arising from continued contact with the clothing. Three weeks from the time of puncturing I passed a seton through the lower part of the tumor, hoping for adhesive inflammation and obliteration of the sac. This treatment bids fair to be permanently successful—the state of the case at

this date (May 21st) being as follows:—withering away of the cyst, rare appearance of the tumor outside the anus, perfect action of sphincter, no inflammation—the child gaining flesh, and as free from suffering as other infants of his age.

REPORT OF A REMARKABLE CASE.

By AMOS SAWYER, M.D., Hillsboro', Ill.

DURING the spring of 1868, Mr. Adam Vettle, of Nokomis, Montgomery Co., Ill., bred a mare to his stallion. A few nights thereafter (he thinks a week), his jack "broke loose," and staid with the mare until morning—she still being in heat. This spring she gave birth to twins—one a mule, the other a horse colt; both alive and doing well.

May, 1869.

Reports of Medical Societies.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.

CHARLES E. VAUGHAN, M.D., SECRETARY.

THE annual meeting was held at Waltham, April 14th. After the usual business, the subject of autopsies ordered by coroners, and the collection of the established fees, was introduced. After an animated discussion, a committee of three was appointed "to wait upon the County Commissioners, to discuss the subject with them, with a view to establishing a basis for future action in such cases."

Dr. Hosmer, of Watertown, read a paper upon the *Abuse of the Alimentary Canal*, of which the following is an imperfect summary:—

Physicians are less liable to be called to account for errors in treatment than surgeons. This should make them more conscientious. An honest physician will often acknowledge to himself that he has erred in the past, and done harm instead of good, with the best intentions. He should, therefore, be careful that his present theories are correct, as far as careful, independent thought can make them so. We often accept tradition too blindly.

Do not many prescriptions, even of excellent practitioners, overlook the importance of integrity of the alimentary canal to health?

The day of heroic practice has gone by. The materia medica still retains a measure of the veneration of the past, although we acknowledge, in theory, that mere medica,

tion is not the most important part of treatment.

In desperate cases, the physician acknowledges that the patient's chance of life depends upon his vital power. Stimulants and nutritives take, then, the place of drugs.

How do we treat the phenomenon of cough, for instance? Inquiries show that into four fifths of the ordinary prescriptions for cough, squill and ipecac enter, often in large proportion. Senega, antimony and sanguinaria often occur. Can we show any tolerable proof that these so-called expectorants really act as such, or even affect cough favorably? Do we not use them in accordance with popular prejudice and tradition? (Cases quoted of expectorant treatment, in cough dependent upon nervous causes.)

Cough is a modified expiratory effort. It may be produced by—1st, Mechanical irritation. 2d, Pseudo-membranous or ulcerative affections of the larynx or trachea. 3d, As a general rule, all inflammations, acute or chronic. 4th, Dilatation of bronchi and emphysema. 5th, Affections of lung tissue, as tubercle, oedema, &c. 6th, Paroxysmal affections. 7th, Reflex action, or sympathy. 8th, Hysteria, &c.

Expectorants are vaguely said to stimulate the vessels of the lungs. Yet they can be applied to excessive or deficient secretion.

What does analogy show? We can see that evacuants may be useful in unloading an embarrassed alimentary canal; stimulants, in improving an enfeebled circulation, &c. How can expectorants be effectual against cough, which arises from many diverse causes? Examining these causes, we must conclude that they can only affect a cough arising from a bronchitis, acute or chronic. In such a case, if they increase secretion, must they not increase cough, which is an effort to remove an already existing accumulation? Is there not risk in increasing the amount of morbid secretion?

Secondly. Expectorants possess an emetic and cathartic action, sometimes in small doses. In large, they produce prostration, and even fatal gastro-enteritis. Even in small doses they have a strong tendency to produce nausea, impair appetite, retard digestion. They interfere with the nutritive process, upon which health depends.

The modern formula declares disease to be a state of deficiency of some of the elements of health. Convalescence involves

an increase of reparative process as compared with waste, which imposes an unusual tax upon nutrition. If $R = \text{chance of recovery}$, $V = \text{vital power}$, and $D = \text{disease}$, then $R = \frac{V}{D}$. Now, whatever diminishes V , or increases D , diminishes the value of R , i. e. the chance of recovery. Expectorants have a tendency to decrease the numerator. They are not inert.

Thirdly. Direct experience convinces me of the inefficiency of expectorants.

Fourthly. The testimony of patients, an indirect experience, confirms the same opinion.

Fifthly. Many systematic writers openly or covertly question the existence of such a class of agents.

Dr. Sullivan, of Malden, described a case of rigidity of the os uteri, which has been reported in the JOURNAL.

Dr. Willis, of Waltham, reported a case of convulsions occurring a week after labor. Condition had been good until seizure. No albuminuria. Case terminated fatally in coma.

AMERICAN MEDICAL ASSOCIATION.

(Continued from page 286.)

The Committee on the Nomenclature of Diseases have the honor to report that it has examined the "Provisional Nomenclature of the Royal College of Physicians" of London, and is of the opinion that it is desirable for this Association to recommend and adopt the same for general use in this country, with such modifications as, on deliberate consideration, may appear to be necessary. The following resolutions are, therefore, submitted:—

1. *Resolved*, That a special committee of fifteen be appointed by the President to take this subject into deliberate consideration, and to report at the next annual session what alterations, if any, are necessary to adapt the proposed nomenclature to general use in the United States.

2. That this committee be authorized to fill up any vacancies which may occur upon it.

3. That the Committee on Publication be authorized to publish, for general distribution, one thousand copies of the English and Latin portions of this nomenclature, under the designation of the Proposed Nomenclature, prefacing the same with such remarks as may be deemed necessary to secure the criticism and co-operation of as large a number of American medical men as practicable.

4. That the committee hereby appointed be directed to draw the attention of the

Surgeon General of the army, of the Chief of the Bureau of Medicine and Surgery of the navy, and of the Superintendent of the Census, to the question of their official adoption of the proposed Nomenclature; to invite them to appoint whom they see fit to represent them on this committee; and to solicit such coöperation as may be necessary to accomplish the purpose desired, viz.: the final adoption of such nomenclature and classification as will receive the conjoint approval of the official medical bureaus of the Government and of the general profession.

STANFORD E. CHAILLE, M.D., Chairman.

Committee—S. E. Chaille, Louisiana; J. J. Woodward, United States Army; A. B. Palmer, Michigan; F. G. Smith, Pennsylvania; J. F. Heustis, Alabama.

The following Committee of fifteen was appointed:

Francis G. Smith, Chairman; J. J. Woodward, U. S. A.; R. F. Mitchel, Alabama; A. B. Palmer, Michigan; S. E. Chaille, Louisiana; L. P. Yandell, Jr., Ky.; Austin Flint, New York; Geo. B. Wood, Pa.; H. S. Dickson, Pa.; E. Jarvis, Mass.; Theo. Parvin, Ind.; W. M. McPheeters, Mo.; E. M. Snow, R. I.; N. Pinckney, U. S. N.

Dr. Gaillard, Ky., offered the following, with preliminary remarks:—

Resolved, That the adoption of a uniform rate of collegiate fees—\$120 being the maximum—be accepted as the sentiment and desire of this Association.

Dr. Logan, of Alabama, moved to amend by inserting \$140.

After considerable discussion, the fees were placed at \$120.

Special committee on the relative advantages of Syme's and Pirogoff's mode of amputating at the ankle—Dr. G. A. Otis, U. S. A., chairman; Dr. J. D. Holloway, of Louisville, Ky.

Proposed by J. J. Woodward. Approved.

Dr. Bemis presented from Dr. John Waters, of St. Louis, Mo., a paper on the Doctrines of Force—Physical and Vital.

Dr. A. M. Pollock, of Pennsylvania, presented this amendment to the constitution:

Resolved, That all county medical societies shall be required to elect a committee annually, whose duty it shall be to examine all applicants for admission as students under the tuition of its members, and that no member of any county medical society shall receive any such applicant until such applicant shall present a certificate from said committee, testifying that he has a good English education, and a sufficient knowl-

edge of Greek and Latin to enable him to pursue his studies with advantage.

Laid over under the rules.

Dr. Toner, D. C., moved that a committee on variola be appointed—Dr. Joseph Jones chairman. Adopted.

Dr. Pinckney, U. S. N., made statements respecting relative grades of rank. The paper was ordered to be spread on the minutes.

Association adjourned to meet at 9 o'clock, A.M., Friday, May 7.

FRIDAY, May 7, 1869.

The Association met at 9 o'clock, Dr. Baldwin in the chair.

Reading of the minutes omitted.

In yesterday's report, the paragraph which defines the rates of fees in medical colleges is corrected so as to read "the maximum was established at one hundred and forty dollars, and the minimum at one hundred and twenty-eight dollars."

Dr. Joseph Jones, Louisiana, presented a number of specimens of pathology, anatomy, and natural history. The explanations were very interesting, and received with applause.

On motion of Dr. F. G. Smith, of Pennsylvania, the following resolution was unanimously adopted by a vote of the members present, standing, as a mark of respect:

Resolved, That the thanks of the association are justly due and are hereby tendered to the President for the uniform kindness and courtesy with which he has presided over its deliberations, and to the Committee of Arrangements, the physicians and citizens of New Orleans for the generous hospitality and fraternal kindness with which we have been received and treated during our sojourn in their city, with the assurance that the memories of this visit will always be among the brightest and most enduring of our lives.

On motion of J. P. Moore, of Mississippi, the following preamble and resolution were adopted:

Whereas, the contract system is contrary to medical ethics;

Resolved, That all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

The following reports of the sections followed:

Section on Meteorology, Medical Topography and Epidemics reported. Paper

accepted and referred to the Committee on Publications.

Sections on Practical Medicine and Obstetrics reported and were accepted, and referred to Committee on Publications.

And the report on the training of nurses was accepted and the resolutions adopted.

Section on medical jurisprudence, hygiene and physiology reported. Committee continued for next year. Report accepted and referred to the Committee on Publications.

Section on Surgery proposed that their report be received without formality and be referred to the Committee on Publications. Adopted.

After being read, the report was accepted and ordered to be published.

Section on Psychology, the same disposition.

The President appointed Dr. J. M. Toner a committee of one, at Washington, D. C., to assist the Librarian of Congress to keep the books of the Association.

On motion for adjournment, the President delivered an address, which was unanimously accepted and ordered to be published in the transactions of the Association.

Gentlemen—Before I submit the motion just made, and which, when adopted, will practically close my official relations to this body, allow me to return you my most cordial and grateful thanks for the unvarying kindness which I have received at your hands. Whatever my future lot in life may be, the world holds no honors which to me can equal those conferred by you. The fraternal good-will which has so conspicuously marked your deliberations has been to me a matter of infinite satisfaction and pride, and will not be the least among the grateful memories which will gladden my heart as I may hereafter review the incidents of my official connection with you.

To win your judgment and approval, to hold up the dignity of fellowship, the usefulness of the association and the interest and prosperity of the profession at large have certainly occupied my most anxious thoughts since my elevation to this position; yet to cherish and promote the intimate and cordial relations of friendship between the individual members of this association against all sectional distinctions or geographical lines, has also been among the chief objects of my ambition and the earnest desires of my heart. Could I now believe that my efforts have contributed in the slightest degree to enlarging that harmony of sentiment and fraternal feeling which has been

so apparent throughout this meeting, I should feel that I had commenced at least to make some return for the great honor and kindness received at your hands.

It now only remains for me, gentlemen, to again express to you my thanks, to wish you a safe return to your homes and labors, a happy reunion with your friends and families, and to pronounce that sad word over which the heart of friendship would fain linger, as I bid you an affectionate farewell.

W. O. BALDWIN,

President A. M. A.

The Convention adjourned to meet in Washington, D. C., second Tuesday in May, 1870.

The Report closes with a description of a Steamboat Excursion enjoyed by the Delegates, which was evidently a most brilliant affair. Officials from outside the Medical Profession and ladies participated. The party landed at the celebrated plantation of E. Lawrence, Esq., where they were most handsomely entertained. On board the boat was music, dancing, feasting—apparently one continued round of festivities. Indeed, the reporter waxes so warm with sentimentality, our types not being "warranted to keep in any climate," we should be almost afraid to transfer his expressions to them. He closes with the following paragraph.—Ed.

With the return of the excursion to the city, the formalities attending the session of A. M. A. ended, and we are certain that we utter the sense of the entire party, that they have been gratified with every proceeding which has attended their visit hither. The courtesies, honors and attentions they have received, were peculiarly marked with the chivalry which characterizes the Southern people, and we hope that our guests may ever retain only pleasant reminiscences of their visit to this golden, beautiful and incomparable Crescent City. With many good wishes to them, we regretfully bid them adieu and *bon voyage*.

In the Provincial Hospital for the Insane, Halifax, N. S., the number of patients on the first day of the past year was 169; admissions during the year, 86; total, 225. The average daily number for the year was 190. Recoveries, 20, or 23 per cent. on the admissions. Deaths, 14, or 7.3 per cent. on the average number resident.

Bibliographical Notices.

THE NOMENCLATURE OF DISEASES*—*Drawn up by a Joint Committee appointed by the Royal College of Physicians of London.* Large 8vo. Pp. 327. With full Index. London: W. J. & S. Golbourn. 1869.

We received from London a few weeks ago a copy of this truly *great work*. Begun in 1857, it has occupied the time and thoughts of very many of the most eminent men in the profession, who, having been appointed from the various Colleges, Societies, and Departments, have labored untiringly through so many years, without pecuniary reward, to perfect this arduous undertaking—"a long, tedious, and difficult labor."

It contains a list of more than eleven hundred diseases, deformities, and injuries, grouped together according to their anatomical seats (singularly enough beginning with the small pox and ending with the large). Synonyms are given in five different languages—Latin, French, German, Italian, and English—a great service to whoever may have occasion to read or translate from any of these languages; and will greatly aid in "fixing definitely, for all places, the things about which medical observation is exercised, and in forming a steady basis upon which medical experience may be safely built."

That the book has defects undoubtedly will soon be discovered by the critics, and already it has been questioned whether it is not too elaborate for the busy practitioner. But there must of necessity be a beginning, and it is difficult to imagine how more care or labor could be bestowed in preparation, or a more judicious selection be made under the circumstances. It is to undergo decennial revision, when emendations, if required, can be made. "How far the Committee," says one of the reviewers, "have steered judiciously among the difficulties with which their path was beset, and how far they have been successful in their selection of names for use, time and the judgment of the profession will show. Meanwhile, it is manifest that, in their selection of names, as well as in their classification, their guiding principle has been convenience, rather than consistency; they have aimed, in fact, at making their nomenclature meet the re-

quirements of the profession at large, rather than at making it satisfy the critical few."

"The Nomenclature of Diseases" is published by authority of the Royal College of Physicians, and is now in full circulation throughout the United Kingdom. In order that every registered practitioner may have a copy, the British Government granted a gratuitous distribution of twenty thousand copies, at government expense, at a cost of seven or eight thousand dollars. This was done on the recommendation of Sir Thomas Watson and others, who stated to the Government that "many members of the medical profession, especially in the provinces, could not, from their needy circumstances, be expected to buy the book; though called upon by Government to give gratuitously certificates of death" (a picture, by the way, of the pitiable condition of the profession hardly to have been expected, even in England).

The Committee state in the preface that they have prepared a Nomenclature suitable to England, and to all countries where the English language is in common use. Would it not be for the public advantage to adopt the work at once, as a standard, in this country; that we may as soon as possible make sure that while using the same names we are speaking of the same things as our brethren in Europe?

A copy costs from two to three shillings sterling, according to binding; could not some enterprising bookseller import a "cheap edition"? Surely, few in the profession here are so badly off as not to be able to pay half a dollar in gold merely to gratify a laudable curiosity, if nothing more, in examining the results of the united labors of so many eminent men.

B. E. C.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 27, 1869.

THE DOCTORATE OF MEDICINE.

A SLIP was some time ago sent us from the *College Courier*—the paper conducted by under-graduates of Yale College—consisting of a communication referring to the Medical School of that College.

It appears that in the year 1834, at the May session of the General Assembly of the State of Connecticut, an act was pass-

* This paper was received by us before the report of the meeting of the American Medical Association, where reference was made to the topic of which it speaks.

ed, providing that the Medical Institution established in Yale College, "pursuant to an agreement between the President and Fellows of Yale College and the President and Fellows of the Medical Society of Connecticut, should be known and acknowledged by the name of 'The Medical Institution of Yale College.'"

"By the provisions of this act, there were to be not less than four nor more than six professorships established in the Institution, which were to be filled by persons nominated by a joint committee, appointed by the proper officers of the College, and the State Medical Society, and chosen by the President and Fellows of the College. This joint committee for making nominations, was to consist of an equal number of persons designated by the two parties to the 'agreement' referred to in the act, to wit, the College and the State Medical Society. The act provided for the necessary course of study to be pursued by the Medical student, and for the graduation of candidates for degrees; and here is precisely where the act in question is singularly *unique* for a Medical Institution under the management of Yale College. A better designation of the Institution, under the act, would have been 'The Medical Institution of Yale College, *under the management of the Medical Society of Connecticut*,' for the act virtually confers upon the Medical Society the entire control and management of the Institution, so far, at least, as the conferring of degrees is concerned. What practical inconveniences have arisen from this singular provision of the act, I am not prepared, at this present writing, to say; but it is easy to see that they might be both numerous and vexatious.

"The committee for examining candidates for degrees is made to consist of the Professors of the Medical Institution of the College, and an equal number of the members of the Medical Society of the State; and the President of the Society is made, ex-officio, President of the examining committee, with a vote at all times, and a casting vote when there is a tie. And the Medical Society seems to have been so tenacious of its power to *control* the Institution, as against the Professors, in this matter of conferring degrees, that it was further provided, in case of the absence of the President from the examining board, that a President *pro tempore* should be appointed, with the same powers, by the members of the examining committee *chosen by the Med-*

ical Society alone! Another singular provision of the act, is the virtual limitation upon the President of the College against conferring any honorary degree of Doctor of Medicine, except upon the recommendation of the President and Fellows of the Medical Society.

"With a Medical Institution in Yale College, thus tied up and restrained of authority by such an unwieldy deliberative body as the Medical Society of the State, it is no wonder it should lack the vital force and energy of other similar institutions in the country. It matters not how successful and efficient the Medical Society may be in the matter of its own management, or how distinguished its position as compared with medical associations of other States; it manifestly has no capacity to superintend, much less control a Medical Institution like that of the Medical Department of Yale College. It might make a very good *legislative* body, but it is too cumbersome and unwieldy to exercise any *executive* function—the vital thing needed in all Medical Colleges."

It is easy to see that the regulation of the course of study as here described would not be likely to admit of sufficient flexibility to adapt the education of the student to the wants of his time. But, the examination for degrees by a Board more or less under the control of the State Medical Society, does not appear to us so objectionable. In fact, the only change we could wish in the arrangement for examination would be that of making the examiners consist entirely of a committee elected by the Medical Society. The most important and fundamental reform called for in this country, to secure to the public properly educated medical men, a reform sought by some of our most earnest and far-seeing educators, is a legal enactment in every State, placing the power of licensing or of authorizing to practise medicine in the hands of a Board of Examiners, who should be independent of the medical schools and colleges. In this way a check would be put to the cheapening of medical degrees, with the attendant depreciation of the standard of qualification, now too frequently the result of competition between different schools. The ceremony of conferring the diplomas would, then, perhaps require less mental reservation, when the Dean, *ore rotundo*, pronounces solemnly the

words *quos scio idoneos*. No one should be certified to the community as competent to practise so weighty a calling as medicine—to guard the lives of human beings—unless reasonably proficient in all its branches. What avails a knowledge of Theory and Practice to the medical man deficient in his surgical anatomy, when called upon to tie the femoral artery? or if not versed in midwifery, let his surgical skill be ever so great, how will he be able to meet the sometimes trying emergencies of the parturient process? Yet, is it not too often the case that a diploma is bestowed on one who can answer the interrogatories of a majority of the examiners before whom the candidate is required to appear?

At the last session of the American Medical Association it was proposed that the General Government should take the matter in hand, and determine the qualifications of medical practitioners for all parts of the United States. This proposal is well worth considering, and may, perhaps, be an improvement on the plan of having a separate board of examiners for each State. We do not array ourselves in opposition to it. But, it will be urged by some on the other side that each community—each State say—should be allowed to decide for itself what degree of Medical Education it is able to sustain. Such education costs money. The more advanced it is, the greater the expense incurred in acquiring it. Medical services have a market value in proportion to their supposed excellence. The metropolis attracts by its larger fees those whose ambition takes the widest scope. If, then, the laws provided that no man should practise medicine in any part of the United States whose learning and skill were not up to the level of a Paris *agregé*, many a country village with a *clientèle* of five hundred dollars per annum would be without its regular Doctor, while the old women, the quacks, and the patent medicine venders, would there have things all their own way. It would seem, then, that a National Board of Medical Examiners would have to adopt a standard not so high as to deprive the more scattered and poorer communities of reasonably educated medical advisers, while Massachusetts, for instance, would desire

a higher standard. We repeat the axiom, however, that whatever reform may be adopted, its fundamental principle should be that no one should be allowed to graduate in medicine who is *deficient in any of the branches of his calling*.

One other point we take this occasion to make. Medical education, we think, will never have a perfectly sound basis until Professors are made independent of the fees of their pupils—until each principal Professorship is established on a foundation ensuring adequate remuneration. No testamentary bequests would do more honor to the memory of the testator than such as would place the cardinal Professorships of an eminent Medical School on an independent footing. By the cardinal Professorships we mean those of Anatomy, Physiology, Materia Medica, Theory and Practice, Surgery, Obstetrics. A medical institution sustained in this way could raise its standard of education without consulting the number of pupils on its catalogue. And that standard being elevated, the best students—those intending to practise in the more favored communities—would seek the benefits of its instruction and the indorsement of its recommendation. Its examinations would render the inquisition of any general board of scrutiny a mere matter of form to its graduates.

MASSACHUSETTS MEDICAL SOCIETY.

MEMBERS are reminded that the annual meeting occurs next week.

PROGRAMME FOR TUESDAY, JUNE 1ST.

Ten o'clock, A.M. Operations, Surgical Visit, and Exhibition of Patients, at the Massachusetts General Hospital.

Ten o'clock, A.M. Operations, Surgical Visit, and Exhibition of Patients, at the City Hospital, Harrison Avenue, opposite Worcester Square.

Twelve o'clock, M. Meeting at Bumstead Hall (Music-Hall Building, entrance on Winter Street), where papers by the following gentlemen will be read:—1, Myxoma, or Hyperplasia of the Villi of the Chorion, by Alexander D. Sinclair, M.D., Boston; 2, General Management of the Insane, by Merrick Bemis, M.D., of Worcester; 3, Formation and Significance of Renal Casts, by Robert Thaxter Edes, M.D., Hingham; 4, Physiological Action of Bro-

mide of Potassium, as determined by experiment on the lower animals and man, by Robert Amory, M.D., Brookline; 5, Microscopical Study of the Nervous System, by Samuel G. Webber, M.D., Boston. Adjournment at 2 o'clock.

Four o'clock, P.M. the Society will re-assemble in Bumstead Hall for the further reading of papers, and for their discussion. Adjournment at 6 o'clock.

During the afternoon the Warren Museum at the Mass. Med. College, North Grove Street, the Warren Museum of Natural History, 92 Chestnut Street, the Cabinet of the Med. Improvement Society, Perkins Building, and the Museum of the Boston Society of Natural History, Berkeley Street, will be open to the Society.

The Annual meeting of the Councillors will be held at the Rooms of the Society, Perkins Building, No. 12 Temple Place, at 7.30 precisely.

PROGRAMME FOR WEDNESDAY, JUNE 2d.

The Annual Meeting of the Society will be held in Bumstead Hall, Boston, at 10 o'clock, A.M., CHARLES G. PUTNAM, M.D., President.

Order of Proceedings.—1, Ordinary Business; 2, Reports of Committees; 3, Medical Papers and Communications; 4, A Case of Regeneration of Bone, by David W. Cheever, M.D., of Boston.

At 1 o'clock, precisely, the Annual Discourse, by ALFRED HITCHCOCK, M.D., of Fitchburg.

The Annual Dinner will be served in the Music Hall, entrance on Winter Street, at 2, P.M.

We are requested to say that The Institute of Technology will be open to members of the Society, on Tuesday afternoon, June 1st.

CHROMIC ACID.—In the *Bulletin Général de la Thérapeutique*, Dr. E. Magitot recommends *chromic acid* as an application to various affections of the buccal mucous membrane—such as all forms of stomatitis; and particularly the different kinds of gingivitis from that connected with dentition (as when, for example, it attends the eruption of a wisdom tooth), to ulcerative stomatitis. Aphthæ, and divers other ulcerations of the buccal mucous membrane, are also, he says, rapidly modified by this agent. But, the affection for which he specially recommends the acid is "alveolo-dental osteo-periostitis."

GANGRENE FROM EMBOLI.—The *Archives Générales de Médecine* for March contains an account of an instance of embolism producing gangrene, reported by M. Gintrac—the patient a man of 75, previously in good health. It presents some points of analogy with the case of that affection reported in the number for May 20th of this Journal. There were marked points of difference, however, among the symptoms of the two cases. The seizure was sudden and in the night, in both. But, it was pain that opened the attack in the French case, while loss of motion was the prominent phenomenon in Dr. Lyman's case. In the former the power of motion was unimpaired to the last, and there was at first hyperæsthesia of the member first affected, followed in four or five days by insensibility. In the latter there was entire loss of motion and nearly complete loss of sensation from the first. In the latter there was some but not urgent pain in the calf of the leg. In the former the pain was lancinating and very acute—a cramp which ran up along the inside of the thigh.

In M. Gintrac's case both legs were gangrenous, the right having been attacked the 20th of May, 1868; the left four days, or rather nights, after. The report of the 25th of May was that the two lower limbs from knees to feet were cold, having a cadaveric feel. The temperature at the axilla was 38° (centigrade); at the knees, 32°; at the feet, 26°. The right leg and foot were insensible and blackish; the color of the left having become more purple. Respiration 36. Pulse 150, small and irregular. Same frequency and irregularity of heart's action. No pulsation felt in either femoral artery. Prostration very great. The patient died on the 28th, eight days after the first attack.

At the autopsy there were found in the left ventricle of the heart, which was softened, vegetations—some rounded, others pediculated. In the right ventricle there was a large, softened, and apparently recent, clot. The descending aorta contained an elongated clot, occupying nearly half the calibre of the vessel. At two fingers' breadth from the bifurcation of the aorta, there was a second clot, extending the en-

tire length of the right common iliac artery, and terminating inferiorly at the origin of the hypogastric, into which it sent a slender offshoot. It was greyish, fibrinous, non-adherent to the arterial wall. The external iliac was completely plugged by a "fibrinous concretion" analogous to that found in the heart. This plug adhered firmly to the artery. The left common iliac and left external iliac were very similarly obstructed. Other clots were found in the arterial ramifications of both lower extremities. The lining membrane of the arteries and veins of both lower limbs showed no trace of disease.

THE AMERICAN JOURNAL OF PHARMACY ON SVAPNIA.—Professor Procter—the Editor of the *American Journal of Pharmacy*—has been making experiments upon Svapnia, and gives in the May number of his Journal quite an elaborate account of them. He seems not to sustain some of the chief merits claimed for the preparation by its originator. Professor Procter justly remarks:—

"The argument for keeping svapnia a specialty has a certain degree of merit; it is true that novelties in pharmacy even good novelties, are imitated by the unskilful, and for a time, especially if the manufacture is difficult, some public advantage may accrue from this primary uniformity. But we argue that in drugs like opium, or cinchona, or ipecac, all should be open and untrammelled in pharmacy. Did Sertürner patent morphia? or Pelletier and Caventou quinia and strychnia? But into these views business men do not care to enter."

If medical men will read this and similar papers in the *American Journal of Pharmacy* they will be convinced that Pharmacy has arrived at the position of a scientific specialty.

THE MEDICAL PROFESSION IN MASSACHUSETTS.*—We have been favored with a copy of this paper, through the kindness of the author, whose name is a guarantee of its value. The beauty of its dress is sufficiently set forth by the name of its printer.

We make the following extracts:—

* A Lecture of a Course by members of the Massachusetts Historical Society, delivered before the Lowell Institute, Jan. 28, 1869. By Oliver Wendell Holmes. Boston: Press of John Wilson & Son. 1869.

"I have illustrated the practice of the first century, from the two manuscripts I have examined, as giving an impartial idea of its every-day methods. The Governor, Johannes Secundus, it is fair to remember, was an amateur practitioner, while my ancestor [Dr. James Oliver] was a professed physician. Comparing their modes of treatment with the many scientific follies still prevailing in the Old World, and still more with the extraordinary theological superstitions of the community in which they lived, we shall find reason, I think, to consider the art of healing as in a comparatively creditable state during the first century of New-England. * * * *

"The name of Thomas Sydenham is as distinguished in the history of medicine, as that of John Locke in philosophy. As Barbeyrac was found in opposition to the established religion, as Locke took the rational side against orthodox Bishop Stillingfleet, so Sydenham went with Parliament against Charles, and was never admitted a Fellow by the College of Physicians, which, after he was dead, placed his bust in their hall by the side of that of Harvey."

"What Sydenham did for medicine was briefly this: he studied the course of diseases carefully, and especially as affected by the particular season; to patients with fever he gave air and cooling drinks, instead of smothering and heating them, with the idea of sweating out their disease; he ordered horseback exercise to consumptives; he, like his teacher, used few and comparatively simple remedies; he did not give any drug at all, if he thought none was needed, but let well enough alone. He was a sensible man, in short, who applied his common sense to diseases which he had studied with the best light of science that he could obtain."

"The influence of the reform he introduced must have been more or less felt in this country, but not much before the beginning of the eighteenth century, as his great work was not published until 1675, and then in Latin. I very strongly suspect that there was not so much to reform in the simple practice of the physicians of the new community, as there was in that of the learned big-wigs of the 'College,' who valued their remedies too much in proportion to their complexity, and the extravagant and fantastic ingredients which went to their making."

"During the memorable century that bred and bore the Revolution, the medical profession gave great names to our history. But John Brooks belonged to the State,

and Joseph Warren belongs to the country and mankind, and to speak of them would lead me beyond my limited subject. There would be little pleasure in dwelling on the name of Benjamin Church; and as for the medical politicians, like Elisha Cooke in the early part of the century, or Charles Jarvis, the "bald eagle of Boston," in its later years, whether their practice was heroic or not, their patients were, for he is a bold man who trusts one that is making speeches and coaxing voters, to meddle with the internal politics of his corporeal republic.

"At some time in the course of this century, medical practice had settled down on four remedies as its chief reliance. When Dr. Holyoke, nearly seventy years ago, received young Mr. James Jackson as his student, he pointed to the label drawers and bottles all around his office—for he was his own apothecary—and said, 'I seem to have here a great number and variety of medicines; but I may name four, which are of more importance than all the rest put together; namely, Mercury, Antimony, Opium, and Peruvian Bark.' I doubt if either of them remembered, that, nearly seventy years before that, in 1730, Dr. William Douglass, the disputatious Scotchman, mentioned those same four remedies, in the dedication of his quarrelsome essay on inoculation, as the most important ones in the hands of the physicians of his time. * * * *

"I am not disposed to deny the occasional injurious effect of the materializing influences to which the physician is subjected. A spiritual guild is absolutely necessary to keep him, to keep us all, from becoming the 'fingering slaves' that Wordsworth treats with such shrivelling scorn. But it is well that the two callings have been separated, and it is fitting that they remain apart. In settling the affairs of the late concern, I am afraid our good friends remain a little in our debt. We lent them our physician Michael Servetus in fair condition, and they returned him so damaged by fire as to be quite useless for our purposes. Their Reverend Samuel Willard wrote us a not overwise report of a case of hysteria; and our Jean Astruc gave them (if we may trust Dr. Smith's Dictionary of the Bible) the first discerning criticism on the authorship of the Pentateuch. Our John Locke enlightened them with his letters concerning toleration; and their Cotton Mather obscured our twilight with his *Nishmath Chajim*. * * *

"We have seen it [the medical profession] in the first century divided among clergymen, magistrates, and regular practitioners; yet, on the whole, for the time, and under

the circumstances, respectable, except when it invoked supernatural agencies to account for natural phenomena.

"In the second century it simplified its practice, educated many intelligent practitioners, and began the work of organizing for concerted action, and for medical teaching.

"In this, our own century, it has built hospitals, perfected and multiplied its associations and educational institutions, enlarged and created museums, and challenged a place in the world of science by its literature.

"In reviewing the whole course of its history we read a long list of honored names, and a precious record written in private memories, in public charities, in permanent contributions to medical science, in generous sacrifices for the country. We can point to our capital as the port of entry for the New World of the great medical discoveries of two successive centuries, and we can claim for it the triumph over the most dreaded foe that assails the human body—a triumph which the annals of the race can hardly match in three thousand years of medical history."

CLASTIC ANATOMICAL MODELS.—A course of lectures has just been delivered at the Lowell Institute by F. G. Lemerrier, M.D., of Paris, "coöperator" of Dr. Auzoux, and Professor of the Polytechnic Association of Paris. The lectures were illustrated by, and in illustration of the preparations called "clastic anatomical models" made by Dr. Auzoux, of Paris. Dr. Lemerrier has representations—we are told—of all manner of things—man, woman, the gorilla, the horse, fish, bugs, snails, leeches, boa-constrictor, &c. &c.—numbering one hundred and fifty at the least calculation. His preparations are spoken of as promising to be valuable in assisting teachers of the subjects they illustrate. The models of plants, greatly magnified, have been particularly commended as useful to instructors and students of botany.

Dr. L., we are told, does not offer for sale less than his whole collection; but sends orders for copies of any of the models to Paris, whence they are forwarded. We have sought and give this information in the interest of scientific instruction. To procure any of these articles parties may

address Dr. F. G. Lemerrier—care of V. Colyer, Esq., curator of Cooper Institute, New York.

At the Pathological Society, London, Dr. Hermann Beigel exhibited a Living Specimen of Skin Disease hitherto not described, and to which he gave the name of Papilloma area-elevatum. The patient was a male child, twelve months of age, and born of healthy parents. The mother had noticed that different parts of the child's body became covered with small pimples of the size of a pin's head, which soon increased and formed patches, the largest about an inch and a quarter in diameter. These patches were raised above the surrounding skin, the latter not being inflamed. The patches were of a round shape, and their surface was smooth, as if covered with healthy skin. Others, particularly those on the face, were covered with a thin scab, which, when removed, showed a surface resembling a sponge, the effect of much hypertrophied infiltrated papilli discharging small quantities of serum and pus. On cutting with a knife or scissors, the patches proved nearly insensible, the child exhibiting no signs of pain. The microscope showed a great abundance of epithelial formation, the papilli being either extensively infiltrated or broken down. The child had not been, and was not, feverish, his health was pretty good, and he had no cachectic appearance. Dr. Beigel thought that this form of skin disease which he brought under the notice of the Society had not been described. The name he applied to it was intended to indicate the most prominent symptoms—namely, that the papilli are principally affected, and that the skin affection is of a round shape, areated, and raised above the level of the surrounding skin.

Dr. Tilbury Fox remarked that the appearance was due to sessile warts—a condition described by Dr. McCall Anderson as eczema marginatum. No new name was needed.

Dr. Hilton Jagger thought it rather unusual. There was a model in Guy's Museum like it.

Dr. Langdon Down had that day seen a similar case in the London Hospital.—*Medical Times and Gazette*.

REMARKABLE CASE OF AMENORRHEA.—(*Wiener Med. Wochenschrift*, xviii. 33, 1868.)

An apparently healthy woman, 31 years of age, married for 11 years, has, up to the present time, passed through six normal

confinements, in neither of which the usual loss of blood or lochial flow took place. *This woman had never yet menstruated until after weaning her last child, when the catamenia appeared for the first time in her life, and reappeared after four weeks.*

The only sign of conception was the nausea and vomiting, constantly occurring in the first few weeks.—*Jour. of Obstetrics*.

SUBCUTANEOUS MEDICATION FOR SYPHILIS.—

In No. 14 of this JOURNAL we referred to Dr. Max Van Mons's application of Scarenzio's method. We are now able to give the following further particulars:—

A common subcutaneous syringe, having a capacity of from 7 to 10 drops, or more, is charged with a dose of from 10 to 40 centigrammes of calomel suspended in a very dilute mucilage of gum-arabic. This is injected into the subcutaneous tissue; an abscess follows, "of about the size of a hen's egg," which may be opened on the 8th or 10th day. One injection is almost always sufficient. All local treatment of the syphilis is suspended. Twenty-two cases (we spoke of only five in the previous notice) have been thus treated; salivation occurring in but one instance.

D. F. L.

POISONING BY STRAMONIUM SEED.—Dr. J. F. Freuman reports, in the *Chicago Medical Journal*, the following cases of poisoning: He was called to see a mother and two daughters, who had had paroxysms of ague, and had taken, as they supposed, fennel seed, but it proved to have been stramonium seed instead. When first seen the mother and daughter were raving like maniacs, while the other was rapidly sinking into coma. Tinctura opii was at once given, and morphia injected subcutaneously. The youngest girl recovered rapidly, but the others only after having taken several large doses of morphia. The recovery in each case was complete.—*Med. Record*.

CINCHONA IN JAMAICA.—From 8,000 to 10,000 plants of *cinchona succirubra* are ready for sale in the island of Jamaica, at the plantation at Gordon Town, this spring.—*Ibid*.

"TITRATION."—"Averaging" is the old term. A quantity of opium (e. g. 100 lbs.) is powdered *en masse*, giving a morphine percentage of 7-10. Titrated fluid extract, made from this, is brought to a standard strength by adding morphia.

Medical Miscellany.

MASSACHUSETTS DENTAL SOCIETY.—The annual meeting of the Massachusetts Dental Society was held on the 24th inst. in the hall of the Society, No. 12 Temple place, the president, E. G. Leach, D.D.S., in the chair.

The reports of the president, treasurer, and librarian of the society were read and accepted, after which the election of officers took place, with the following result:—

President, Dr. T. H. Chandler.

First Vice President, Dr. G. L. Cook.

Second Vice President, Dr. J. A. Salmon.

Recording Secretary, Dr. A. Brown.

Corresponding Secretary, Dr. E. Blake.

Treasurer, Dr. J. T. Codman.

Librarian, Dr. J. T. Moffatt.

Microscopist, Dr. T. B. Hitchcock.

The following delegates were then elected to attend the National Convention of Dentists to be held at Saratoga on the 1st of August:—Drs. Hawes, Blake, Leach, Walters, Ham, Cook, Chandler, Stearns, Osgood, Thompson and Adams.

The usual committees were also chosen, after which the orator for the next year was balloted for, and Dr. L. D. Shepard was elected, and Dr. E. Blake appointed substitute.

At 12½ o'clock the annual address was delivered by Dr. A. A. Cook, of Milford; his theme being "The Coming Man of the Dental Profession."

The reading of essays followed the delivery of the address. Dr. T. H. Chandler read an essay on the subject of "Comparative Anatomy of the Teeth," and Dr. T. B. Hitchcock on "The Tartar of the Teeth." Dr. J. T. Moffatt exhibited and explained an interesting case where a piece of the tooth of a boy 14 years of age, which had been broken off, was placed in its original position, and the tooth grew strong again. Dr. E. G. Leach also made some remarks in reference to cleaning teeth.

The society then adjourned at half-past three o'clock to the Tremont House, where the annual dinner was served. After dinner, speeches were made at the table by Drs. N. C. Keep, L. D. Shepard, Kidder, E. G. Leach, T. B. Hitchcock. Dr. J. T. Codman also read a humorous poem written for the occasion. The Society afterwards assembled in one of the parlors of the Tremont House, and an essay on "Dental Nomenclature" was read by Dr. J. T. Codman.

MASSACHUSETTS BENEVOLENT SOCIETY.—At a late meeting of the Council of the Massachusetts Medical Benevolent Society, its financial condition was stated to be excellent, and a considerable number of gentlemen from various parts of the State were elected members. All information concerning the object and the success of the Society's operations may be obtained from the Treasurer of the Mass. Medical Society at the time of the annual meeting in June.

NORFOLK DISTRICT MEDICAL SOCIETY.—Dr. Joseph Stedman, of Jamaica Plain, was chosen *Censor*. His name was accidentally omitted from the list furnished us last week.

Why is the Northern part of Maine like "the small of the back"? Because it is the lumbar (lumbar) region!

Prof. Humphrey, of Cambridge, has published a lecture on the subject of *torsion*. He has for several months past abandoned the use of accupressure, and has used *torsion* in all cases *exclusively*, for stopping hemorrhage, meeting with the best results, even in amputations of the thigh or leg.—*Amer. Jour. of Obstetrics*.

OPIMUM EATING.—Mr. Horace Day, of New Haven, the reputed author of "The Opium Habit," has eaten over fifty pounds of opium. He discarded the habit in less than six weeks after he had "made up his mind."—*Medical Record*.

TYPHOID CUTANEOUS SPOTS.—The occurrence, in conjunction with an unusually copious roseolar eruption, of another one of a yellowish-brown color of the size of a two-dollar piece and over, is described by Zulchaur (*Berliner Klin. Wochenschr.*). The latter spots run into one another. They were only observed in very severe cases, which in the first, or in the commencement of the second seven days' period, terminate in death.—*Medical Press and Circular*.

PATENT MEDICINES IN ENGLAND.—Stamp-duty was paid in the year ending March, 1868, on no less than 8,060,754 packets, boxes, &c., of medicines, selling at one shilling or more. The tax produced £62,556.—*Medical Record*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic, 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 9-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10, A.M., Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—The following communications have been received:—Exhaustive Uterine Hemorrhage—Obstetrical Society Records—Case of Movable Cartilage in the Knee-joint—Case of Syph. Dis. Brain.

DEATHS IN BOSTON for the week ending Saturday noon, May 22, 110. Males, 54—Females, 56.—Accidents, 4—anaemia, 1—asthma, 11—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 8—burns, 1—cancer, 1—consumption, 16—convulsions, 1—cystitis, 1—debility, 2—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 8—typhoid fever, 2—gastritis, 1—disease of the heart, 2—intemperance, 2—jaundice, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 6—inflammation of the lungs, 9—marasmus, 6—measles, 1—old age, 2—pleurisy, 1—premature birth, 3—puerperal disease, 1—purpura hemorrhagica, 1—rheumatism, 1—scrofula, 1—suicide, 1—teething, 1—unknown, 7—whooping cough, 4.

Under 5 years of age, 47—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 18—above 60 years, 17. Born in the United States, 79—Ireland, 19—other places, 12.